

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Chauncey Girard

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(IN THE SPACE ABOVE ENTER THE FULL NAME(S) OF THE PLAINTIFF(S).)

Chauncey Girard

18 CV 2026
Complaint

under the

Civil Rights Act, 42 U.S.C 1983

v. (Sgt) T Eckerson
(Dep) Collao (Dr) Korobkova (Jae) (Business Office)
(LT) Murphy (Superintendent) Griffin Jane Doe
(Co) Staples (General Clerk) Wongsung Business Office
(Dr) Bertinegna

Defendant No. 1 _____

(Dr) Korobkova

Defendant No. 2 (Dr) Bertinegna

Defendant No. 3 (Dep) Collao

Defendant No. 4 (Co) Staples

Defendant No. 5 (Superintendent) Griffin

see Attached

Jury Trial: Yes ☒ No ☐

(check one)

(In the space above, enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write, "see attached," in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part 1. No addresses should be included here.)

(SGT) J. Eckerson

(Business Office) Joe

(Business Office) Jane Doe

(Revenue Clerk) Wong Sang

(LT) Murphy

Parties in this complaint:

List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary:

Plaintiff:

Name

Chauncey Giral

ID #

11A1352

Current Institution

Green Haven

Address

Stormville New

York 12582

List all defendants' names, positions, places of employment, and the address where each defendant may be served/ Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Colac Deputy of Programs

Shield #

N/A

Where Currently Employed

Green Haven CF

Address

Green Haven CF PO Box 4000

Stormville New York 12582

Defendant No. 2

Name

Staples (Co)

Shield #

Where Currently Employed

Green Haven CF

Address

Green Haven CF PO Box 4000

Stormville New York 12582

Defendant No. 3

Name

(LT) Murphy

Shield #

Where Currently Employed

Green Haven CF

Address

Green Haven CF PO Box 4000

Stormville New York 12582

(See Attached)
(Dr) Bentveena

Green Haven C.F. Po Box 4000
Stamville New York 12582

(Greene Clerk)

Wongsang Green Haven C.F. Po Box 4000
Stamville New York 12582

Joe Green Haven C.F. Po Box 4000
Business Office Stamville New York 12582

Jane Doe Green Haven C.F. Po Box 4000
Business Office Stamville New York 12582

(SGT) J Eckerson Green Haven C.F. Po Box 4000
Stamville New York 12582

Defendant No. 4 Name Superintendent Griffen Shield # _____
Where Currently Employed Green Haven C.F.
Address Green Haven C.F. Po Box 4000
Stormville New York 12582

Defendant No. 5 Name (Dr) Korobkova ~~XXXXXXXXXX~~ Shield # _____
Where Currently Employed Green Haven C.F.
Address Green Haven C.F. Po Box 4000
Stormville New York 12582

Statement of claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates, and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

In what institution did the events giving rise to your claim(s) occur? Green Haven
C.F. Po. box 4000 Stormville New York 12582

Where in the institution did the events giving rise to your claim(s) occur Green
The Medical Department and Locking Location G-6-348

What date and approximate time did the events giving rise to your claim(s) occur? 8-30-2017
9-11-2017
12-28-2016 12-4-2017 12-27-2017 11-27-2017 12-12-2017 and more

Facts: Plaintiff suffered a Left Shoulder Injury on 12-23-2014 and a Stomach injury and a back
Injury as well prior to coming to Green Haven C.F. the wounds became painful after the stay at
this Prison Plaintiff asked Defendants Korobkova and Griffen on 9-26-2016 to receive MFT results-
to receive treatment See Grievance 84 217-16 then was later denied Sick Call as a retaliation to this
Grievance see Grievance 84671-16 and still provider failed to treat him so plaintiff requested

a Prisoner Charge on 1-4-2017 Grievance # 85230-17 Due to the grievance Plaintiff was put in for a medical exam and later given surgery on 2-23-2017 on his left shoulder, was hospitalized for two weeks, Defendant KordKora would still fail to give medical permit to left shoulder in which Plaintiff would often get put on the wall for a search during recreation and Plaintiff grieved it See Grievance 86346-17 in which caused Plaintiff to receive perminate Damage See Medical Records 9-11-2017 in where Plaintiff has loss range of Motion. Further Plaintiff also had a Stomach Injury and was also deged medical Attention See medical Records from 12-23-2014 and 1-5-2014 where Plaintiff was diagnosed with these Injuries and Plaintiff was denied, see grievance 88518-17 88698-18 88319-17 88519-17, 88241-17, 88420-17 85230-17 in which went to Superintendent, and he turned his back. Plaintiff received H. pylori Due to not treating Stomach Injury (see medical records positive H. pylori) and Plaintiff still hasn't been treated. Due to the rest of the Complaint Plaintiff was retaliated on. Medical was inadequate and unprofessional vital in assessing for future sickness were not used to Injuries: assist Diagnoses, deficiencies were normal Plaintiff was unable to obtain examination or care upon Request.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. perminate loss of range of motion in (L) left shoulder

and H-pylori in Stomach Injury still haven't been treated for this disease that causes Cancer or given a permit that stops the potential risk of more Damage when forced to Risk Search or Strip Risk for left shoulder.
the fact that I haven't been treated yet for H-pylori could have not given any other results except positive and the failure to give CatScan loss of 20 Pounds in weight would show symptoms are sufficient I haven't been treated for
Exhaustion of Administrative Remedies: Stomach Injury 8th amend and 14th denial of Access to Courts

The Prison Litigation Reform Act of 1995, 42 U.S.C. 1997e(a), requires that, "no action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes _____ No ✓

If YES, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Green Haven CF

Po Box 4000 Stormville New York 12582

If NO, why not? _____

N/A

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

I put in a Article 78 concerning this and is awaiting the results of the filing and the order to show cause I filed grievances already for a whole year.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

Relief:

State what you want the court to do for you. _____

I want to be treated for H pylori and be given a permit for my left shoulder that states I can't put my hands over my head or around my back. Due to lots of range of motion, I also want to be given money damages be paid from the Defendants for being deliberately indifferent causing these injuries of permanent damages and H-pylori ad be treated for stomach injury. Caravan and money for pain and suffering of 50,000 fifty thousand Dollars 7 seven thousand each defendant Punitive Damages.

Previous Lawsuits :

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes ☒ No _____

If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.

Parties to this previous lawsuit:

Plaintiff Chancey Grand

Defendants Tomas, Vadi H., Anthony Amucci, Hickey Dugan, Abate, Gilber, Keesysman, Shuttle.

Court (if federal court, name the district; if state court, name the county) Northern

District Syracuse New York Cayuga County

Docket or Index number: 9:15-CV-0187

Name of Judge assigned to your case: N/A

Approximate date of filing lawsuit: _____

Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition: N/A

What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

Have you filed ☒ other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ☐

If your answer to C is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

Parties to this previous lawsuit:

Plaintiff Chancey Grand

Defendants State of New York Gr. Her

Court (if federal court, name the district; if state court, name the county) Dutchess

Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure? Yes ☒ No ☐ Do Not Know ☐

Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claim(s)? Yes ☒ No ☐ Do Not Know ☐

If Yes, which claim(s)? Medical Deliberate Indifference and failure to protect Retaliation

Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose not cover some of your claim(s)? Yes ☒ No ☐ Do Not Know ☐

If Yes, Which claim(s)? Medical Deliberate Indifference, Retaliation

Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose? Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? Yes ☒ No ☐

If you did file a grievance about the events described in this complaint, where did you file the grievance? Bremer Prison, Comstock CF, Auburn CF.

Which claim(s) in this complaint did you grieve? Medical Deliberate Indifference Retaliation and failure to protect

What was the result, if any? Deliberate in this action also failed to process my grievances and wrongs and grievances were denied

What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I appealed all the way to Co.R.C. and still haven't received a response, the problem is ongoing per Article 78

If you did file a grievance, did you inform any officials of your claim(s)? Yes ☒ No ☐

If YES, whom did you inform and when did you inform them? Superintendent, Graham Dep of programs Colao, in Article 78 and grievances

Approximate date of filing lawsuit: _____

NA

Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition: _____

NA

What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

NA

Signed this 14 day of Feb, 20 18. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff: _____



Inmate Number: _____

11A1352

Mailing Address: _____

Green Haven CF.

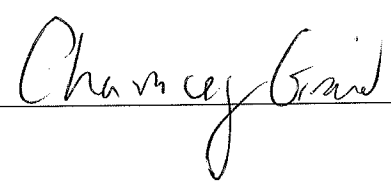
~~Green~~ PO Box 4000

Stormville New York

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury on this 14 day of Feb, 20 18, I will deliver this complaint to prison authorities to be mailed to the Pro SE Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____



AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
)ss:
COUNTY OF DUTCHESS)

Oneaney Grant, being duly sworn, deposes and says:

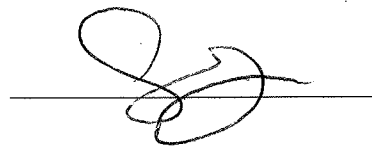
I am the above-mentioned defendant/petitioner and I have served a copy of the following papers:

1983's for Deliberate Indifference to Medical
Attention, Injury's Failure to treat and Denial
of treatment, and retaliation, Failure to
Protect, with one copy

Upon the following party(ies):

United States District Court Southern District
of New York Room 230
Daniel Patrick Mahan United States Courthouse 500 Pearl Street
New York, New York 10007

by placing the above in a post-paid envelope and depositing it in a United States Postal Service mailbox located at Green Haven Correctional Facility, Stormville, NY 12582 on the 21 day of Feb, 2018, as due and sufficient service.



Sworn to before me this

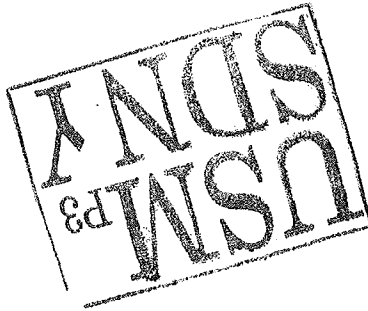
21 day of FEBRUARY, 2018


NOTARY PUBLIC



DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
OFFENDER CORRESPONDENCE PROGRAM

NAME: Chancey Girard DIN: 11A1352



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Southern District of New York
Daniel Patrick Moynihan
United States Court 500 Pearl Street
Room 230
New York New York 10007

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GREEN HAVEN
CORRECTIONAL
FACILITY

GREEN HAVEN CORRECTIONAL FACILITY
P.O. BOX 4000
STORMVILLE, NEW YORK 12582-4000
NAME: Chancey Girard
DIN: 11A1352